

OFFICE OF VOCATIONAL REHABILITATION TUITION ASSISTANCE FORM
(A COMPLETED FORM IS NEEDED FOR EACH UNIVERSITY OR COLLEGE YOU ARE ATTENDING)

NAME:

SS#

Date:

OFFICE:

JOB TITLE:

UNDERGRADUATE: ☐

MAJOR:

GRADUATE: ☐ Masters in Rehabilitation Counseling
☐ Accelerated Masters in Rehabilitation Counseling
☐ Counseling
☐ Other Major:

FINANCIAL AID: ☐ I certify that other financial aid and resources have been researched and applied for as available as required by the OVR Tuition Assistance Policy (page 3).

NAME OF COLLEGE OR UNIVERSITY:
ANTICIPATED DATE OF GRADUATION:

COURSES THIS SEMESTER, QUARTER OR MINI-SEMESTER

Course Number	Name of Course	Hours	Beginning Date	Ending Date
Course Description:				
Job Relatedness:				

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Obligation of Applicant

This is to certify that I authorize the Office of Vocational Rehabilitation to deduct from my pay any or all sums paid on my behalf if I fail to comply with any of the conditions, expectation and obligations outlined in the Office Tuition Assistance Policy. At the end of each course I will provide a course evaluation and a copy of the final grades for each class.

Signature of Employee

Date

Approval of Supervisor

I recommend that the course(s) described above be approved for this employee. It is my belief that completion of such education or training will enhance the employee's job performance and result in greater productivity for Kentucky State Government.

Signature of Supervisor

Date

Approval of Assistant Director of Record

I concur with the supervisor recommendation for this employee.

Signature of Assistant Director

Date